



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

| | | |
|---------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| DUE DATES: | First Semester | Second Semester |
| | February 1 to County Superintendent February 15 to State Superintendent | May 10 to County Superintendent May 24 to State Superintendent |

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

| | | |
|------------|-------------------------------------|-----------------|
| Date | Signature, Chair, Board of Trustees | |
| County: | District: | District Level: |
| 10 Daniels | 0194 Scobey K-12 Schools | High School |

| Percentage | District # | Route # | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # |
|------------|------------|---------|---------------|---------------|----------|------------|---------------|--------------------------------|
| 100 | 1 | 1 | 210 | 1.80 | 84 | 12/17/04 | _____ | _____ |
| 100 | 1 | 2 | 59.9 | 1.15 | 54 | 12/17/04 | _____ | _____ |
| 100 | 1 | 3 | 128.7 | 0.95 | 48 | 12/17/04 | _____ | _____ |
| 100 | 1 | 4 | 135.6 | 0.95 | 48 | 12/17/04 | _____ | _____ |
| 100 | 1 | 5 | 158.6 | 0.95 | 36 | 12/17/04 | _____ | _____ |
| 100 | 1 | 6 | 111.5 | 0.95 | 36 | 12/17/04 | _____ | _____ |
| 100 | 1 | 7 | 124.9 | 0.95 | 42 | 12/17/04 | _____ | _____ |
| 100 | 1 | 8 | 108 | 0.95 | 48 | 12/17/04 | _____ | _____ |



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| Date | | Signature, Chair, Board of Trustees | | | | | | |
| County: 10 Daniels | | District: 0196 Peerless K-12 Schools | | | | | District Level: High School | |
| Percentage | District # | Route # | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # |
| 100 | 2 | 1 | 77 | 0.95 | 47 | 12/27/04 | _____ | _____ |
| 100 | 2 | 2 | 94 | 0.95 | 47 | 12/27/04 | _____ | _____ |



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|------------------------------|-------------------|-------------------------------------------------|----------------------|----------------------|-----------------|-------------------|---------------------------------------|---------------------------------------|
| Date | | Signature, Chair, Board of Trustees | | | | | | |
| County: 10 Daniels | | District: 0200 Flaxville K-12 Schools | | | | | District Level: High School | |
| Percentage | District # | Route # | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # |
| 100 | 3 | 1 | 96.8 | 0.95 | 29 | 12/27/04 | _____ | _____ |
| 100 | 3 | 2 | 63.6 | 0.95 | 20 | 12/27/04 | _____ | _____ |